

QUESTIONS AND ANSWERS

Request for Proposals Partnering with Communities to Prevent and Reduce Obesity

- 1. For Task 2, can we target just one behavior or do we have to target all four Behaviors (i.e., nutrition, physical activity, breastfeeding and screen time)?**

When you submit your proposal, what we want you to do is tell us **the process you will use to** form a coalition, complete or expand the needs assessment and, if applying for Task 2, develop an intervention plan. We are not asking that you submit an intervention plan with this proposal. Once funded, the Community Coalition will be responsible for developing that plan and we will be providing technical assistance to help the Coalition decide which interventions are most appropriate, based on the results of your needs assessment. Just answer the questions in each section of the RFP.

- 2. For deliverable 2.2 do you have to develop an intervention plan or develop and implement an intervention plan?**

Once funded, we are asking that you develop the plan, not implement it. Once you have a completed obesity-related needs assessment and a plan, you will be in a much stronger position to apply for funding to implement your plan.

- 3. Is the focus primarily childhood nutrition or are you also focusing on elder nutrition and physical activity?**

It depends on what the needs are in your community. Once the assessment is completed, you will be able to identify the high-risk groups. For Task 2, the expanded needs assessment and intervention plan, two (2) of the three (3) grants will be awarded to groups focusing on children in the context of their families.

- 4. What if I am not able to get a commitment from all of my potential partners within the next two weeks, but want to list them in the RFP?**

List the partners you plan to contact and for those you have agreements from already, submit letters of agreement.

- 5. If focusing on more than one goal, e.g., nutrition and physical activity, could this potentially be overwhelming for a population with regard to behavior change (small steps)?**

We are not looking for the plan to be submitted with your proposal. That is what the coalition will develop once they are funded. Keep in mind that CDC is funding our state to address at least two of the four targeted behaviors. In order to address the obesity problem in your

community, you will need to address at least nutrition and physical activity in the plan you develop.

6. If our agency serves many Rhode Island communities, it is okay to submit for more than one planning grant?

Yes.

7. Define community—citywide versus targeted.

The community your agency serves is what we mean by community.

8. Are school systems eligible to be lead agencies? If no, what was the reasoning that led to the exclusion of schools?

No, this is a community-based grant, not a school grant. Because schools can take an active role in addressing obesity, we encourage schools to be part of the community coalitions.

9. Please provide a list of agencies/contacts attending both workshops so we can see if there are possible collaborative opportunities.

The following agencies were represented at the Technical Assistance Workshops held on March 30 and March 31, 2006:

Agency/Organization	Phone Number
Blackstone Health Center	(401) 728-9290
Blue Cross Blue Shield of RI	(401) 459-5776
Central Falls School District	(401) 727-6177 ext. 205
Cranston COZ	(401) 270-8078
East Bay Community Action Program	(401) 848-6697 ext. 343
Lifespan	(431) 541-0222
Progreso Latino	(401) 728-5920
RI Hospital Injury Prevention Center	(401) 444-0355
South Providence Neighborhood Ministries	(401) 461-7509
West End Community Center	(401) 781-4242
YMCA	(401) 521-9622

The following agencies were represented at the Technical Assistance Workshops held on June 5 and June 6, 2006:

Agency/Organization	Phone Number
Seaside Philanthropy	(401) 423-3811
South Providence Neighborhood Ministries	(401) 461-7509
Kids First	(401) 751-4503

10. What do you estimate the average time commitment to be for one staff person working on Task 1 or Task 2?

That would depend somewhat on the level of expertise of the staff person who would be doing the work. In Task 1, the staff person would be forming a coalition and assisting the coalition in completing a needs assessment. In Task 2, the staff person would be assisting the coalition in expanding the assessment and developing a plan. Perhaps the best way for you to estimate the time commitment would be to go through the following list of responsibilities outlined in the RFP and estimate the amount of time each would require.

11. What exactly constitutes as a coalition, and exactly how diverse does the membership need to be (i.e., we have 10 pediatricians and 1 YMCA, do we need other people)?

A coalition is defined in the RFP. The reason why we are asking you to consider diverse membership is because it will help you be successful in developing a plan and successfully implementing it.

A few examples that were given at the Technical Assistance session follow:

If in your community, you identify lack of access to fruits and vegetables as a concern, wouldn't you be more likely to come up with viable solutions if you had grocers and/or local farmers who might be willing to open a farmers market in your community sitting around the table with you from the beginning? Similarly, if you identify safety as a reason why the members of your community do not walk more, wouldn't it be helpful to have the police at the table to help you figure out how to make your community safer for walking? If the problem in your community is a lack of sidewalks, wouldn't it be more helpful to have town planners involved in the discussion of how to build more sidewalks?

With regard to your specific question about whether 10 pediatricians and one YMCA is adequate, the answer is that it might be adequate if your assessment shows that the majority of the problem with regard to obesity and the four targeted behaviors (physical activity, nutrition, screen time and breastfeeding) in your community is with health care providers or health care policies and processes, as the pediatricians could certainly help you implement changes to improve identification and treatment of overweight and obesity. However, if your needs assessment identifies needs outside the health care field, it would probably be helpful to expand the membership of your coalition to include those individuals you would need to participate in the solution.

12. How will doing all this data collection and planning help my program? We want money for programs that make a difference, not plans.

By completing a needs assessment and then developing a plan to address the needs identified in the assessment, you will greatly improve your chances of being funded to implement that plan. Planning helps position you for implementation funding.

Currently, at the state level, we too are funded for planning and infrastructure development and we are doing exactly the same thing at the state level as this RFP is asking you to do at the community level, i.e., identify needs, develop an intervention plan (State Plan) and create a statewide program infrastructure. Once that is completed, we will be submitting a request to CDC to be funded at a basic implementation level. When and if we receive that funding, those communities with completed needs assessments and intervention plans will be in a much better position to apply for implementation funding than those communities that have not yet started the planning process. Please be aware that this CDC funding is not the only money available for obesity prevention programs. Since obesity is such a high priority health concern in our country, funding is available from a variety of different government sources and foundations. The work you do on this grant can certainly be used to apply for funding from other sources.

13. This seems like research. This isn't enough money to hire a researcher to help us collect and analyze data.

This is definitely not research and you do not need to hire anyone to collect and analyze the data. We are asking that you provide us with whatever community level data you have available or can easily find about the community you serve. (*See Statement of Need and Population to be Served in RFP*). If there were any local surveys, focus groups, etc. done in your community or if data has been collected by community agencies and programs, you can include that as part of your proposal; however, we are not asking you to go out and collect new data to apply for this funding.

With regard to the Community Needs Assessment that will be funded as part of this grant, please be aware that we will be providing the coalition with assessment tools and technical assistance to help the coalition complete the assessment. These tools have been used by many community groups/coalitions and do not require research level staff.

14. As the project abstract form is no longer required in the proposal, may applicants use the extra page in another section (e.g., project narrative)?

Yes, applicants may utilize the additional page in another section of their choice as long as the entire proposal does not exceed the 10-page limit (excluding appendices).

15. Should the Agency Demographic Information Form reflect the demographics of the lead agency/applicant or the demographics of the organizational members on the coalition?

For Task 1, the Agency Demographic Form should reflect the lead agency/applicant. For Task 2, the Agency Demographic Form may reflect the lead agency/applicant as well as the demographics of the agencies on the existing coalition, network, or task force if that information is available to the lead agency/applicant.

16. Are communities that have large members of low-income families, but not a large minority population, eligible for this grant?

Yes. Both Rhode Island and national data show that low-income populations, regardless of race and ethnicity, are at higher risk of overweight and obesity compared to higher income populations. However, a demonstrated ability to reach low-income racial and ethnic minority populations, as small in number as they may be within your community, would strengthen your proposal.

17. Would you prefer to see a Coalition in one city or town vs. another?

No. We have no preference about which community is chosen as long as the high-risk groups are targeted. Our vision in the long run is that Rhode Island communities will complete obesity-related needs assessments and develop plans to help make healthy choices easy and affordable. The communities that develop and implement their plans first will be able to provide the ones that follow with valuable information and lessons learned.